

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	15A	32	5/18
FORMALITY REVIEW	MDB	954	6/18/01
RESPONSE FORMALITY REVIEW	Rm	751	07/30-0)

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	3/3/03
1	✓
2	✓
3	✓
4	✓
5	
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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